ATTACHMENT 2.2-A Page 18

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

(MB)

Morris			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Territ				slans S OF ELIGIBILITY
Citation(s)	COVERAGE AND CONDITIONS OF ELIGIBILITY  itation(s) Groups Covered			
	в.	Optional (Continue		ps Other Than the Medically Needy
1902(a)(10) (A)(ii)(X) and		14.	Ind	ividuals
1902(m)(1) & (2) of the Act			a.	Who are 65 years old or older or are disabled as determined under section 1614 of the Act;
			b.	Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in <u>Supplement 1 to ATTACHMENT 2.6-A</u> for a family of the same size; and
			c.	Whose resources do not exceed the maximum amount allowed under SSI or under the State's medically needy program.
1902(a)(47) and 1920 of the Act		15.	"que speed and s	egnant women who are determined by a calified provider" (as defined in 220(b)(2) of the Act) based on eliminary information, to meet the ghest applicable income criteria ecified in this plan under ATTACHMENT 5-A and are therefore determined to be esumptively eligible during a presumptive igibility period in accordance with \$1920 the Act.
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(MB)

ATTACHMENT 2.2-A Page 20

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territo	ory:		Vi	rgin Isla	nds
	COVERAGE	AND C	OND	ITIONS OF	ELIGIBILITY
Citation(s)			Grou	ups Cover	ed
	c.	Optio	nal	Coverage	- Medically Needy (Continued)
1902(e)(4) of the Act			4.	and rece the date deemed e long as would re	born to a woman who is eligible for iving Medicaid as medically needy on of the child's birth. The child is ligible for one year from birth as the mother remains eligible, or main eligible if still pregnant, and d remains in the same household as er.
42 CFR 436.308		<u>x</u>	5.	not d	cially eligible individuals who are escribed in section C.3. above and re under the age of
1902(a)(10) (C)(ii) of the Act					21 20 19 18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

TN No.
Supersedes
TN No.

Effective Date JUN 3 0 1982

OFFICIAL

Revision: HCFA-PM-91-4

AUGUST 1991

(BPD)

ATTACHMENT 2.2-A

Page 21 OMB No.: 0938-

Territory: VIRGIN ISLANDS

Agency\* Citation(s) Groups Covered

#### C. Optional Coverage - Medically Needy (Continued)

- b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below:
  - (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:
    - \_\_\_ (a) In foster homes (and are under the age of \_\_\_\_).
    - \_\_\_\_ (b) In private institutions (and are under the age of \_\_\_\_\_).
    - \_\_\_ (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of \_\_\_\_).

TN No. 97-L
Supersedes Approval Date FEB 0 3 1932
TN No. 14 Approval Date FEB 0 3 1932

Effective Date OCT 0 1 1991

HCFA ID: 7984E

Revision: HCFA-PM-91-4

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AUGUST 1991

(BPD)

VIRGIN ISLANDS

ATTACHMENT 2.2-A Page 22 OMB No.: 0938-

	Territor	· · · · · · · · · · · · · · · · · · ·	
Agency*	Citation(s)		Groups Covered
	c.	Optional	Coverage - Medically Needy (Continued)
			(2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of).
			(3) Individuals in NFs (who are under the age of). NF services are provided under this plan.
			(4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of).
	-		(5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
			(6) Other denied groups (and ages), as specified in <u>Supplement 1 of ATTACHMENT 2.2-A</u> .
42 C	FR 436.310	<b>x</b> 6. 0	Caretaker Relatives.
42 C	FR 436.320	<u>x</u> 7.	Aged Indlviduals.
42 C	FR 436.321	<u>x</u> 8. 1	Blind Individuals.
42 C	FR 436.322	<u>x</u> 9. 1	Disabled Individuals.

TN No. Supersedes. Approval Date FEB 0 3 1992 Effective Date OCT 01 1931 HCFA ID: 7984E

Revision: HCFA-PM-

ATTACHMENT 2.2-A Page 23

	Territory:	Virgin Islands
Agency*	Citation(s)	Groups Covered
		D. Optional Coverage - Qualified Medicare Beneficiaries
1902(a)(10		Qualified Medicare Beneficiaries
and 1905(p of the Act		<ol> <li>Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);</li> </ol>
		<ol> <li>Whose income does not exceed the percent of the Federal poverty level specified in <u>Supplement 1</u> to <u>ATTACHMENT 2.6-A</u>; and</li> </ol>
		<ol> <li>Whose resources do not exceed twice the maximum standard under SSI.</li> </ol>
1905(p)(3 of the Act		(Medical assistance for this group is limited to Medicare cost-sharing as defined in section 1905(p)(3) of the Act).

Not Applicable

TN No. 94-3		OCT 27 1994		1111 4
Supersedes		001 21 1334	Effective Date	JUL 1 - 1994
2 dbet sedes	Approval Date		Effective Date	1004
TN No. 91-6				

## State Plan Under Title XIX of the Social Security Act

Territory: Virgin Islands

Coverage & Conditions of Eligibility

**Groups Covered** 

Citation(s)			Groups Covered
•	<u>B.</u>		ional Coverage other than the Medically edy.
1902(a)(10)(A)(II)(XIV) of the Act	<u>×</u> 19.	Opti	onal targeted Low Income Children Who:
		a.	Are not eligible for Medicaid under any other optional or mandatory eligibility group;
		b.	Would not be eligible for Medicaid under the policies in the State's Medicaid Plan as in effect on April 15, 1997 (other than because of the age expansion provided in 1902(1)(2)(D);
		C.	Are not covered under a group health plan or other group health insurance (as such terms are defined in 2791 of the Public Health Service Act coverage) other than under a health insurance program in operation before July 1, 1997 offered by a State which receives no Federal funds for the program;
		d.	Are not members of families that are eligible for health benefits coverage under a State health benefits plan on the basis of a family members' employment with a public agency;
		e.	Are not inmates of public institutions or patients in institutions for mental diseases; and
TN# 98-01	Appr	oval	SEP 1 7 1998
Supersedes New:	• •		Date 'APR _1 1998

Page 23c

### State Plan Under Title XIX of the Social Security Act Virgin Islands

Territory:

Coverage & Conditions of Eligibility

Citation(s)	Groups Covered
	f. Have family income at or below: 200 % of the Federal poverty level for the size family involved, as revised annually in the Federal Register; or
	A percentage of the Federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in 2110 (b)(4) of the Act) but by no more than 50 percentage points.
· ·	The State covers:
The current Medicaid income and resource level and who are not federally Medicaid eligible because the Medicaid ceiling does not permit a Federal Matching Payment for	All children described above who are under age 19 (18, 19) with family income at
their medical services.	the following reasonable classifications of children described above who are under age (18,19) with family income at or below the percent of the Federal poverty level specified for the classification:
	( Add narrative description (s) of the reasonable classification (s) and percent of the federal poverty level used to establish eligibility for each classification).
	Income is established using the income and resource methodologies used for the purposes of establishing eligibility under the State's title XXI State plan. (If not included in sections 4.1-3 and 4.1-4 of the State's title XXI State Plan, these methodologies are explained below).
See page Attachment 2.2A page 23e	(IF NOT INCLUDED IN YOUR TITLE XXI STATE PLAN, ADD NARRATIVE EXPLANATION OF THE METHODOLOGIES
TN# Q8-01	Approval DateSEP 1 7 1998
supersedes TN#New	Effective Date - APR -1 1998



Feb-98

# State Plan Under Title XIX of the Social Security Act Territory: Virgin Islands\_

Coverage & Conditions of Eligibility

Citation(s)	Groups Covered
-	USED TO ESTABLISH COUNTABLE INCOME AND RESOURCES.)
1902(e)(12) of the Act	
1902A of the Act	21. Children under age 19 who are determined by a "qualified entity" (as defined in 1920A(b)(3)(A) based on the preliminary information, to meet the highest applicable to children.
	The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the childs behalf by the last day of the the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.
TN# 8-0\ supersedes 1	Approval Date SEP 1 7 1998
TN# NEW	Effective Date #8 -1 1998



(MB) MAY 1993

Page 24

Virgin Islands Territory:

Groups Covered Agency\* Citation(s) Optional Coverage - Qualified Disabled and Working Individuals Qualified disabled and working individuals--1902(a)(10) (E)(ii) and Who are entitled to hospital insurance 1905(p)(4) of benefits under Medicare Part A under section the Act 1818A of the Act; Whose income does not exceed 200 percent of the Federal poverty level; and Whose resources do not exceed twice the maximum standard under SSI. Who are not otherwise eligible for medical assistance under Title XIX of the Act. (Medical assistance for this group is limited to 1905(p)(3)(A)(i)cost-sharing as defined in section 1905(p)(3)(A)(i) of the Act.) Optional Coverage - Specified Low-Income Medicare Beneficiaries Specified low-income Medicare beneficiaries--1902(a)(10)(E)(iii) and 1905(p)(4) of the Who are entitled to hospital insurance benefits Act under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act); 2. Whose income for calendar years beginning 1993 exceeds the percent of the Federal poverty level in D. 2., but is less than the percentage of the Federal poverty level specified in Supplement 1 to ATTACHMENT 2.6-A; Whose resources do not exceed twice the maximum standard under SSI. (Medical assistance for this group is limited to 1905(p)(3)(a)(ii) cost-sharing as defined in section 1905(p)(3)(A)(ii) of the Act of the Act.)

Not Applicable

TN No. JUL 1 - 1994 OCT 27 1994 Effective Date Approval Date Supersedes TN No.